

DEPARTMENT OF STATE
REQUEST FOR INFORMATION

DATE

May 25, 1960

TO: CIA - NAME CHECK		FROM: SY/I - Mr. Shea (b)(1)	
FULL NAME OF PERSON OR FIRM HERCZEG, Karl L., Dr.		DATE OF BIRTH 1924	PLACE OF BIRTH -----
ALIASES AND NICKNAMES -----		RACE -----	SEX Male
ADDRESS -----		OCCUPATION -----	EMPLOYER -----
TYPE OF INFORMATION DESIRED <input type="checkbox"/> All information <input type="checkbox"/> Derogatory	CITIZENSHIP STATUS -----	NAT. CERT. NO. -----	MARITAL STATUS -----
NAME OF ORGANIZATION -----		HEADQUARTERS ADDRESS -----	
REPLY <input type="checkbox"/> Material attached <input type="checkbox"/> No record <input type="checkbox"/> No derogatory information <input type="checkbox"/> Other	OSTENSIBLE PURPOSE ----- NAMES OF LEADERS OR SPONSORS OR AFFILIATED ORGANIZATION -----		
ADDITIONAL INFORMATION -----			
<p style="text-align: center;">(b)(1) During 60 3/26/60 Officer 60</p> <p style="text-align: center;">DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2005</p> <p style="text-align: right;">(b)(1) 81 MAY 1960 MARK S. (b)(1) B. (b)(1)</p> <p style="text-align: center;">FILE IN E</p>			
DATE -----	CHECKED BY -----		